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GAINESVILLE, FL 32614 Ph: (352)375-8100 Fax: (352)372-5800				N/A - Filed	EFS		(Depositor's nam
Pn: (352)37	5-8100 Fax	: (352)372-580	10				(Signature
							(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	R ATTO		CONFIRMATION NO.
10/573,625	10/573,625 03/09/2007		Amanda Proudfoot			ARS-124	9024
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSI	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	05/17/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SHAFER, SH	ULAMITH H	1647	424-085100				
Change of correspondence address or indication of "Fee Address" (37 FFR 1.50).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address form PTO/SB/122 attached.  "Fee Address" and address for "Fee Address" Indication form PTO/SB/17, key 05-02 or more revent) attached. Use of a Customer Number is required.			2. For printing on the potent front page, list (1) the names or up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a nember of 2. 2. Explicated patient attorneys or agents. If no men's is  1 intelligent attorneys or agents. If no men's is  3.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print o	r type)			
		fied below, no assiguee detion of this form is NO					ocument has been filed fo
(A) NAME OF ASSI				TTY and STATE OR		RY)	
MERCK SER	ONO SA		COINSINS, VA	UD, SWITZERI	AND		
Please check the appropr	iate assignee category or	categories (will not be p	inted on the patent):	☐ Individual ☐ (	orporati	on or other private gro	oup entity 🗖 Governmen
4a. The following fee(s)	are submitted:	4	. Payment of Fee(s): (		ny prev	tously paid issue fee:	shown above)

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